



Growing in Faith Together
Registration 2018-2019

Family's Last Name _____

Family's Email Address _____

Family's Phone Number- Home _____ Cell _____

Family's Address _____

Mother's Name _____ Father's Name _____

Is there another adult who will be attending Family of Faith that is not listed above? If yes, please list the name and relationship to the child:

Child's Name	Grade entering in Fall 2018	Fees
1. _____		x \$85.00 = _____
2. _____		x \$85.00 = _____
3. _____		x \$85.00 = _____
4. _____		x \$85.00 = _____

Which day do you plan to attend G.I.F.T? (Please circle one)

Thursdays 6:30 - 8:00		Sundays 4:00- 5:30
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Do any of your children have any special needs of which we need to be aware?
Please list here:

Sacrament Information

Please list your **child's** Sacrament Information below:

First Name	Date of Birth	Baptism (date/Church)	First Communion (date & Church)

Mother

Date of Birth	Have you received this Sacrament in the Catholic Church?	Are you interested in receiving this Sacrament in the Catholic Church?
Baptism		
First Communion		
Confirmation		
Matrimony		

Father

Date of Birth	Have you received this Sacrament in the Catholic Church?	Are you interested in receiving this Sacrament in the Catholic Church?
Baptism		
First Communion		
Confirmation		
Matrimony		